



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last) Miyoshi	(First) Philip	(Middle) W.	TELEPHONE 529-7300
MAILING ADDRESS (Street) P. O. Box 2800			FAX 52408293
(City) Honolulu	(State) HI	(Zip Code) 96803-2800	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) McCorriston Miller Mukai MacKinnon LLP			TELEPHONE 529-7300
MAILING ADDRESS (Street) P. O. Box 2800			FAX 524-8293
(City) Honolulu	(State) HI	(Zip Code) 96803-2800	

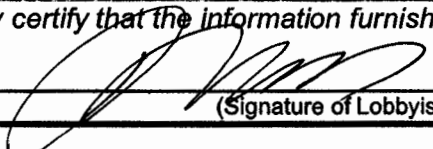
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Philip Morris USA, Inc., thru its service corp., Altria Corporate Services, Inc.			TELEPHONE (916) 441-2288
MAILING ADDRESS (Street) 915 L Street, Suite 1410			FAX (916) 441-2897
(City) Sacramento	(State) CA	(Zip Code) 95814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT David Tovar			TELEPHONE (916) 441-2288
MAILING ADDRESS (Street) 915 L Street, Suite 1410			FAX (916) 441-2897
(City) Sacramento	(State) CA	(Zip Code) 95814	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (Indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

1/11/05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
------	----------------------------------------------------

David Tovar

NAME OF ORGANIZATION (If applicable)

Philip Morris USA, Inc., thru its service corp., Altria Corporate Services, Inc.

TELEPHONE

(916) 441-2288

MAILING ADDRESS (Street)

915 L Street, Suite 1410

FAX

(916) 441-2897

(City)

Sacramento

(State)

CA

(Zip Code)

95814

I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

2/11/05
(Date)